

Case Number:	CM15-0041231		
Date Assigned:	03/11/2015	Date of Injury:	06/05/2006
Decision Date:	04/21/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old female, who sustained an industrial injury on 06/05/2006. She reported neck and right upper extremity pain. The injured worker is now diagnosed as having cervical sprain/strain injury, right arm and shoulder contusion injury, ulnar neuropathy in the right upper extremity, bilateral knee pain with internal derangement, cervical disc injury, myofascial pain syndrome, and flare up of neck and right shoulder pain. Treatment to date has included MRI of right knee, knee surgery, knee brace, and medications. In a progress note dated 11/10/2014, the injured worker presented with complaints of neck, low back, and bilateral knee pain. The treating physician reported the injured worker would like to remain conservative with her treatment and prescribed medications, which do help improve her pain and function.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tylenol #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication brand combination of codeine, an opioid, and acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck, low back and bilateral knee pain. The request is for TYLENOL #3. The request for authorization is not provided. The patient is status-post right knee surgery, 08/2013, under private insurance due to her not getting much treatment from workers' compensation. In regards to her neck, she has pain radiating down bilateral upper extremities, with ongoing numbing and tingling sensation. In regards to lower back, she has pain radiating down bilateral lower extremities with numbing and tingling sensation. Patient is encouraged to continue home exercise as tolerated at no pain range and to utilize modalities as needed for pain control. She reports her pain is 6/10 on VAS pain scale with medication. Patient's medications include Tylenol #3, Norco, Lyrica, Alprazolam, Lidoderm, Mobic and Omeprazole. The patient is working modified duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater does not specifically discuss this medication. The patient is prescribed Tylenol #3 since at least 03/19/14. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Tylenol #3 significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Tylenol #3. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There is no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Lidoderm Patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical
lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability
guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with neck, low back and bilateral knee pain. The request is for LIDODERM PATCH 5%. The request for authorization is not provided. The patient is status-post right knee surgery, 08/2013, under private insurance due to her not getting much treatment from workers' compensation. In regards to her neck, she has pain radiating down bilateral upper extremities, with ongoing numbing and tingling sensation. In regards to lower back, she has pain radiating down bilateral lower extremities with numbing and tingling sensation. Patient is encouraged to continue home exercise as tolerated at no pain range and to utilize modalities as needed for pain control. She reports her pain is 6/10 on VAS pain scale with medication. Patient's medications include Tylenol #3, Norco, Lyrica, Alprazolam,

Lidoderm, Mobic and Omeprazole. The patient is working modified duty. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Per progress report dated, 11/10/14, treater's reason for the request is "for topical relief." However, there is no documentation of how Lidoderm patch is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, Lidoderm patches are indicated for localized peripheral pain, which treater has not documented, and are not indicated for neck, back or knee conditions. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Mobic 7.5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The patient presents with neck, low back and bilateral knee pain. The request is for MOBIC 7.5. The request for authorization is not provided. The patient is status-post right knee surgery, 08/2013, under private insurance due to her not getting much treatment from workers' compensation. In regards to her neck, she has pain radiating down bilateral upper extremities, with ongoing numbing and tingling sensation. In regards to lower back, she has pain radiating down bilateral lower extremities with numbing and tingling sensation. Patient is encouraged to continue home exercise as tolerated at no pain range and to utilize modalities as needed for pain control. She reports her pain is 6/10 on VAS pain scale with medication. Patient's medications include Tylenol #3, Norco, Lyrica, Alprazolam, Lidoderm, Mobic and Omeprazole. The patient is working modified duty. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not provide reason for the request. In this case, review of submitted documentation does not show that the patient was prescribed Mobic in the past. The patient does present with chronic low back pain as well as other pains. A trial of the request for Mobic appears reasonable. However, treater's request for Mobic is for an unspecified quantity with no directions. MTUS p8 require that the treater provide monitoring of the patient's progress and there is insufficient information provided regarding this request. Therefore, the request IS NOT medically necessary.